

(After completion, fold to inside and seal before mailing.)

NSN 7540-00-634-5053

WARNING: Knowingly presenting false information in this application could result in criminal sanctions.

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 1973ff, "Title 1 - Registration and Voting By Absent Uniformed Services Voters and Overseas Voters in Elections for Federal Office."

PRINCIPAL PURPOSE: Serves as an application for registration or request for absentee ballot for all persons covered by the Uniformed and Overseas Citizens Absentee Voting Act.

DISCLOSURE: Voluntary; however, failure to provide the necessary information may keep the pertinent jurisdiction from processing this request and may prevent you from voting absentee.

MAILING INSTRUCTIONS: Self-address small post card to your current address. Fold so that large post card is on outside; seal; complete "TO" and upper left corner on large post card, and mail. DO NOT STAPLE OR APPLY TAPE TO SEAL.

Type or legibly print all applicable information. Sign the form.

SPECIFIC INSTRUCTIONS FOR COMPLETION

Complete the state, county, and city/township section at the top of the large postcard. Note that your state may require a separate FPCA for each election. Consult a Voting Assistance Officer or your state section in the Voting Assistance Guide for further information.

Standard Form 76 (Back)  
(Rev. 10-95)

1. APPLICANT INFORMATION. Item 1.c. This information is requested from some states for statistical purposes by the Department of Justice in their enforcement of the Voting Rights Act and the National Voter Registration Act. Enter information for 1.a. through 1.f. For block 1.f., provide identification form and number of that form. For example: passport 0000, State Department 0000, driver's license 0000, birth certificate 0000.
2. I LAST VOTED or PLACE OF LAST REGISTRATION. Provide as much information as possible for the location where you last voted. This is not necessarily your last residence. Do not leave blank. Enter N/A if not applicable or if you are a first time voter.
3. VOTING RESIDENCE. Provide address where you ACTUALLY LIVED. Your right to vote in your state and determination of voting precinct depend on your physical residence while you were within the state. If your voting residence address does not contain a street name, you may provide a Rural Route number and box number, but DO NOT USE A POST OFFICE BOX NUMBER. A Post Office Box is not a residence address. If using Rural Route number, include specific location of residence. Examples of voting residence: military home of record; permanent home address in U.S.; locality or state where you paid taxes, however long ago it may have been. It would be helpful if you list a name and telephone number of a local contact in the Remarks Section in the event the local election official has a question concerning the application.
4. MAIL ABSENTEE BALLOT TO. Provide the complete mailing address where you wish to receive your absentee ballot. Be sure to include APO or FPO (if applicable) and ZIP Code. If you will have a new address by the time registration forms or the ballot will be sent to you, be sure to list the new address.
5. YOUR FAX NUMBER. Your complete fax number (country and city code) is required if you or the local election official will be transmitting any of your election materials by fax. Members of the U.S. Military are requested to provide their commercial as well as DSN number (write "DSN" as a prefix if a DSN number is provided). Faxing is available in some states, for limited purposes only. If your state allows you to submit this form by fax (IMPORTANT: CONSULT VOTING ASSISTANCE OFFICER OR VOTING ASSISTANCE GUIDE FOR FURTHER

(Specific Instructions are continued on reverse.)

(fold to inside)

REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ CITY OR TOWNSHIP OF \_\_\_\_\_ §

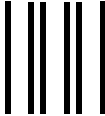
I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)					6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See Instructions.)					
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)					b. SEX		c. RACE			
d. DATE OF BIRTH					e. SOCIAL SECURITY NUMBER			f. OTHER IDENTIFICATION NO. (passport, ID card)		
M	M	D	D	Y	Y					
2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)										
a. YEAR		b. COUNTY, CITY, OR TOWNSHIP			c. STATE		d. VOTER REGISTRATION NO. (If known)			
3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)					a. LAST DATE OF RESIDENCY					
					M		M		D	
b. NUMBER AND STREET (Do not use Post Office Box)					D		D		Y	
					Y		Y			
c. CITY, TOWN OR VILLAGE					d. STATE					
e. COUNTY OR PARISH					f. ZIP CODE (9-digit, if known)					
					-					
4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)										
5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)										
					8. AFFIRMATION BY APPLICANT (X only one: a.,b.,c., or d.) I swear/affirm, under penalty of perjury, that I am: (See Instructions)					
					a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.					
					b. a U.S. citizen temporarily residing outside the U.S.					
					c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.					
					d. other U.S. citizen residing outside the U.S.					
					e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.					
					f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.					
					g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.					
					h. The information on this form is true and complete.					
i. SIGNATURE OF APPLICANT					j. DATE					
X					M					
					M					
					D					
					D					
					Y					
					Y					
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)										
DATE SIGNED										
M										
M										
D										
D										
Y										
Y										

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

SPECIFIC INSTRUCTIONS FOR COMPLETION (Continued)		SOURCES OF ASSISTANCE	
<p>5. YOUR FAX NUMBER. (Continued) INFORMATION), you must fax this form ONLY to one of the following numbers: (800) 368-8683 or (703) 693-5527 or DSN (military) 223-5527. If your state does NOT allow you to submit this form by fax, DO NOT transmit this form by fax, as it will not be processed.</p> <p>6. POLITICAL PARTY AFFILIATION. This information is required by most states in order to vote in primary elections. In most states, if you do not complete this section, you will not be sent a ballot for primary elections. Consult your individual state section in the Voting Assistance Guide for more specific information regarding your state's policy. Political party affiliation is not required if you live in Alaska (unless you are voting in a Republican party primary), American Samoa, Guam, Hawaii, Idaho, Michigan, Minnesota, Montana, North Dakota, Vermont, Washington or Wisconsin, in order to vote in a primary election. You need not complete this section if your voting residence is in those states. If you want to indicate no affiliation or enrollment in a political party, write "unaffiliated."</p> <p>7. REMARKS. Provide any information which may assist local election officials in approving this application, such as maiden name, name and telephone number of a local contact person, etc. If you are requesting the special state write-in ballot, indicate here the reason you are requesting the special state write-in ballot, i.e. you are in an isolated area with sporadic mail service, submarine duty, etc. In Colorado, you must indicate if you are a native born or naturalized citizen of the United States.</p> <p>8. AFFIRMATION BY APPLICANT. Place an X in only one block: 8a., b., c., or d. In most states, marking a., b. or c. will get you a full ballot. Marking b. or c. generally means that at some future time you intend to reside again in that state. Marking block d. generally means that you were a resident of the state before departing the U.S., and your intent to return at some time in the future is uncertain. Marking block d. applies for a Federal ballot only (if one is printed by the state). Federal law provides that no tax liability may be imposed based on exercising your right to vote in Federal elections. If you are a civilian citizen residing outside the U.S. and wish to avoid classifying yourself as a state resident for tax purposes, you should mark block 8d. If the state sends a full ballot because it does not print a separate Federal ballot, you may vote the full ballot.</p> <p>(fold to outside)</p>		<p>Block 8.f. In some states, a criminal conviction for a felony or certain misdemeanors, or an adjudication of mental incompetency disqualifies a person from voting, unless there has been a reinstatement of voting rights if required by state law.</p> <p>Block 8.i. Sign at the <b>X</b>. Provide the date you completed the form.</p> <p>9. WITNESS/NOTARY. Not all states require completion of this item. Consult your state section of the Voting Assistance Guide or your Voting Assistance Officer for your state's requirements. If you require more space to complete this item, use Item 7, Remarks.</p> <p>The Voting Assistance Guide contains voting information on a state-by-state basis for those eligible to use this form. The Guide is also available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-1575.</p>	
NOTE TO ELECTION OFFICIAL			
This is a return post card for your use. Please mark and fill in applicable items, sign your name, add your return address on reverse side, and return to the applicant.			
THIS ACKNOWLEDGES RECEIPT OF YOUR POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST.			
		You will be sent an absentee ballot for the election(s).	
		Your ballot(s) will be mailed approximately	
		Your application is incomplete. Please provide the following information to complete your application:	
		Your application could not be processed. Item(s) must be completed. Please resubmit a new application with all required items completed.	
		A separate application must be submitted for each election.	
		Other Comments	
Signature		Title	Date Signed

SAMPLE ONLY



U.S. Postage Paid  
39 USC 3406

PAR AVION

Standard Form 76 (Rev. 10-95)  
Issued under 42 U.S.C. 1973ff et seq.  
76-114  
1988 edition may be used.

OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM E080

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_